

Annual Meeting of Nephrology Unit
Internal Medicine Department
Mansoura University Hospitals

IN COOPERATION WITH
Dakahlia Nephrology Group (DNG)
& Dakahlia Medical Syndicate

16-18

April

2014

Kidney in Systemic Diseases



Under Patronage of

President, Mansoura University
Prof. Al-Sayed Abdel Khalek
Dean, Faculty of Medicine
Prof. Ehab Saad



Head of Internal Medicine Dept.

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Prof. Mohamed Sobh

Vice-President of the Meeting

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Prof. Hussien Sheashaa

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Prof. Osama El Shahat

Meeting Moderator

Dr. Ahmed Abdel Wahab

Dr. Mostafa Abdel Sallam

Meeting Secretary

Dr. El Shahat Ali

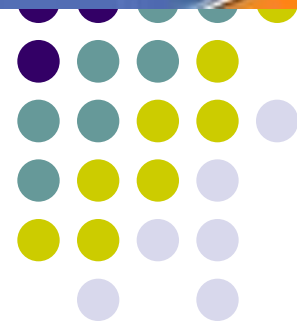
Dr. Ahmed El Deeb

Dr. Mohamed wahba

Questions and Teaching Points

Hussein Sheashaa, MD

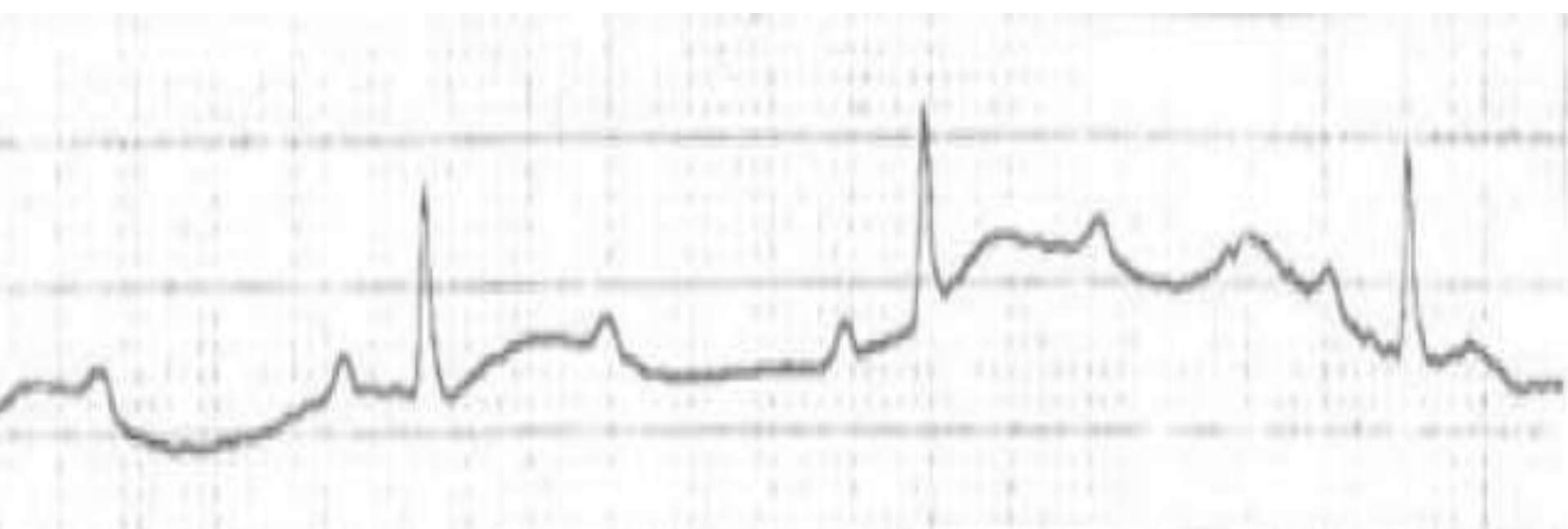
Professor of Nephrology and manager of Quality Assurance Unit, Urology and Nephrology Center and Director of Medical E-Learning Unit, Mansoura University

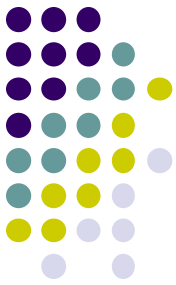




Dr. Rasha Samir



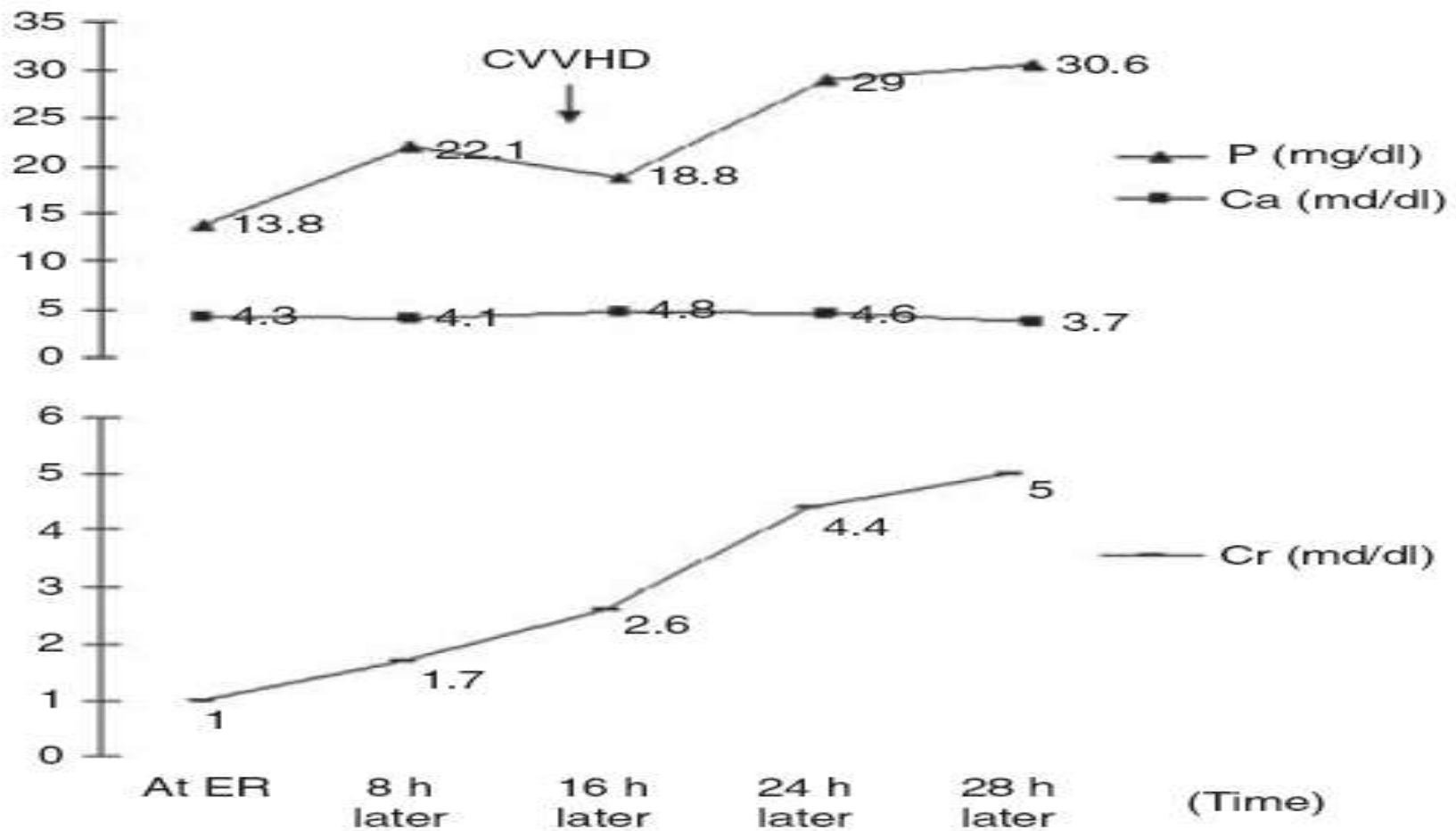


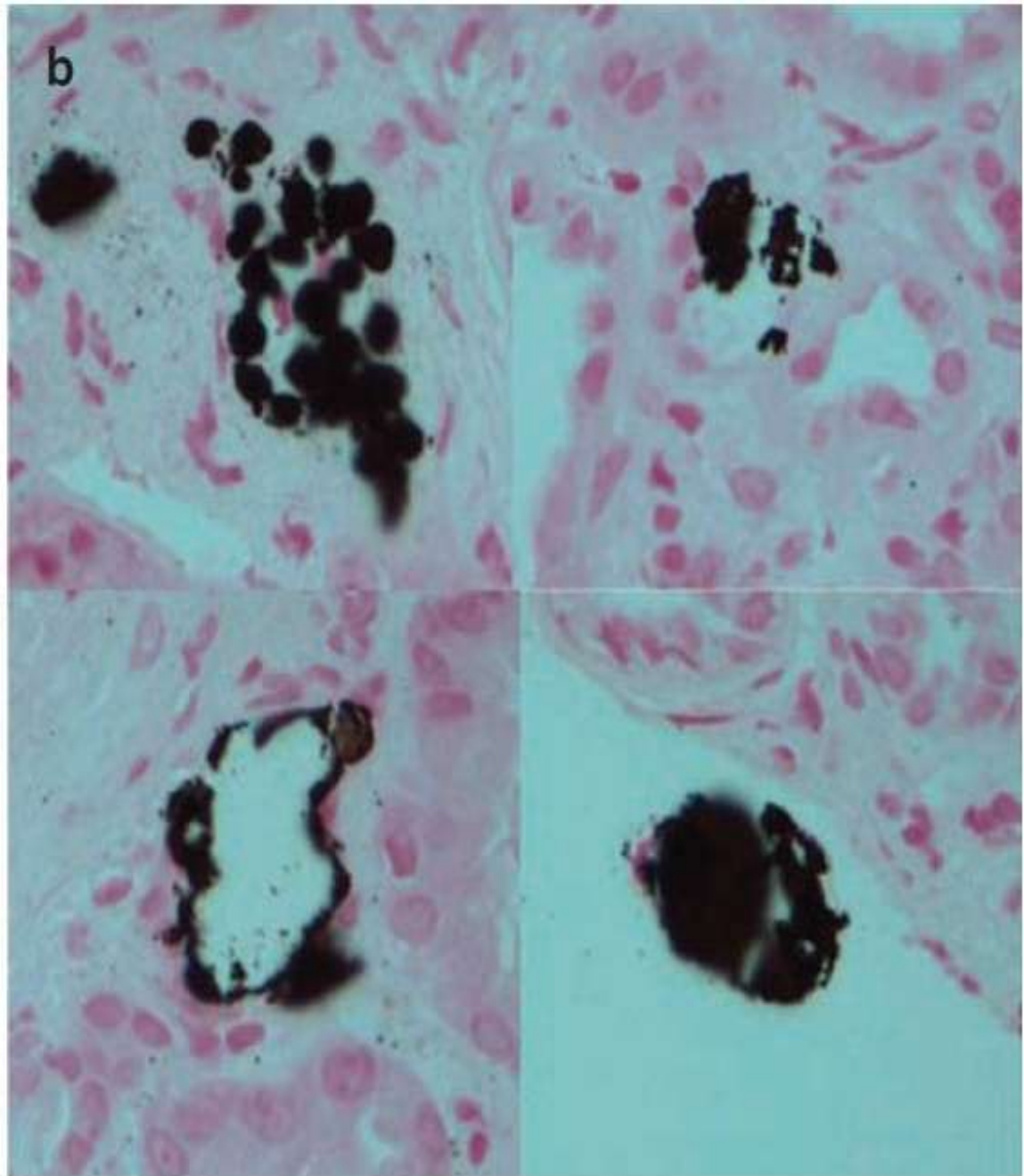
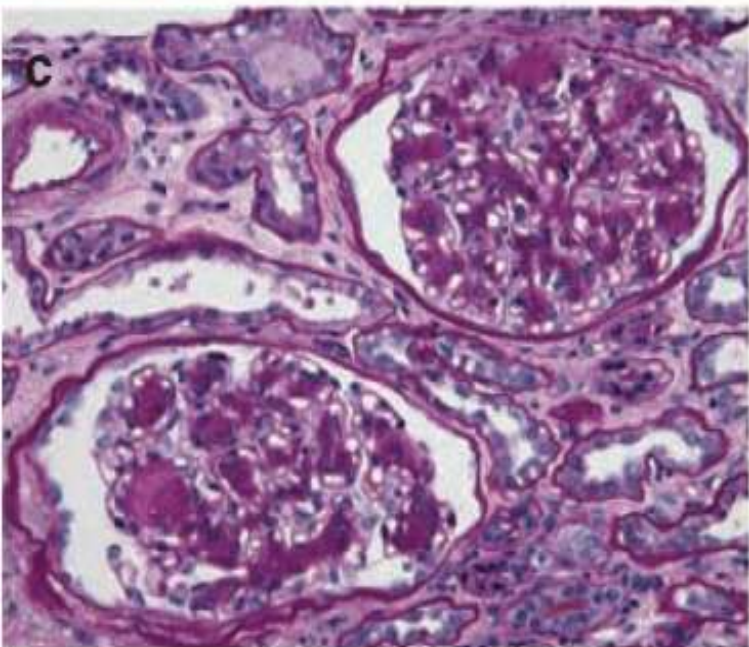
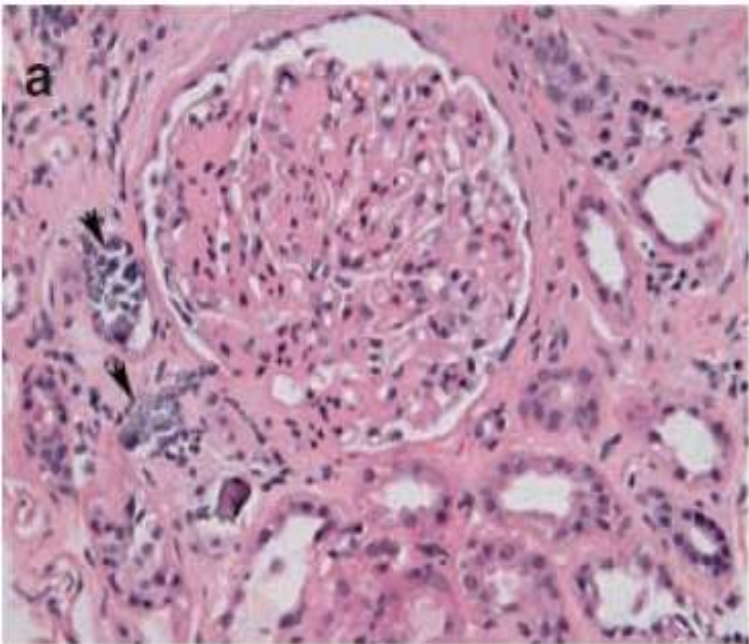


Common sources of naturally derived cardiac glycosides

Source (scientific name)	Major cardiac glycosides	Purpose
Animal-derived		
Toad (Bufo spp.)	Bufagins, bufotoxins	Cooking, Chinese medicines, aphrodisiacs
Plant-derived		
Ornamental oleander (Nerium oleander)	Oleandrin, digitalinum	Decoration, alternative medicine for insomnia
Yellow oleander (Thevetia peruviana)	Thevetin, thevetoxin	Decorative tree
Purple foxglove (Digitalis purpurea)	Digitoxin, gitaloxin, gitoxin	Extract for digitoxin, decoration
Woolly foxglove (Digitalis lanata)	Digoxin	Extract for digoxin, decoration
Lily of the valley (Convallaria majalis)	Convallatoxin	Medicinal herb for heart failure, decoration
White squill (Scilla maritime)	Scilliroside	Antitussive and expectorant
Red squill (Urginea maritime)	Scilliroside	Rat poison
Ouabain (Strophanthus gratus)	Gamma-strophanthin	Medicinal herb for heart failure and diuretic
Christmas rose (Helleborus spp)	Bufadienole, hellebrin	Laxatives, emmenagogue, anthelmintic

What is The Cause of AKI?





Sodium Phosphate Enemas: Complications

- Acute renal failure: **All**
- Urgent hemodialysis: **2**
- Deaths: **5**
- Prolonged hospitalization: **3/6 (survivors)**

“Any elderly patient with an atonic bowel for whatever reason and a reduced GFR should not receive a phosphate-containing enema.”

*- Dr. Yaacov Ori & colleagues
Rabin Medical Center
Petah-Tikva, Israel*

Q2. Do You Recommend Dialysis for This Case?

- A 65-y-old male patient who suffers from diabetes and hypertension, basal serum creatinine 1.5 mg/dl. 2 days after coronary angiography serum creatinine rose to 4.5 mg/dl (no clinical overload, K 4.9 mmol/l, serum bicarb 19 meq/l)

❖ Yes

❖ No

Early or Late Dialysis in AKI?



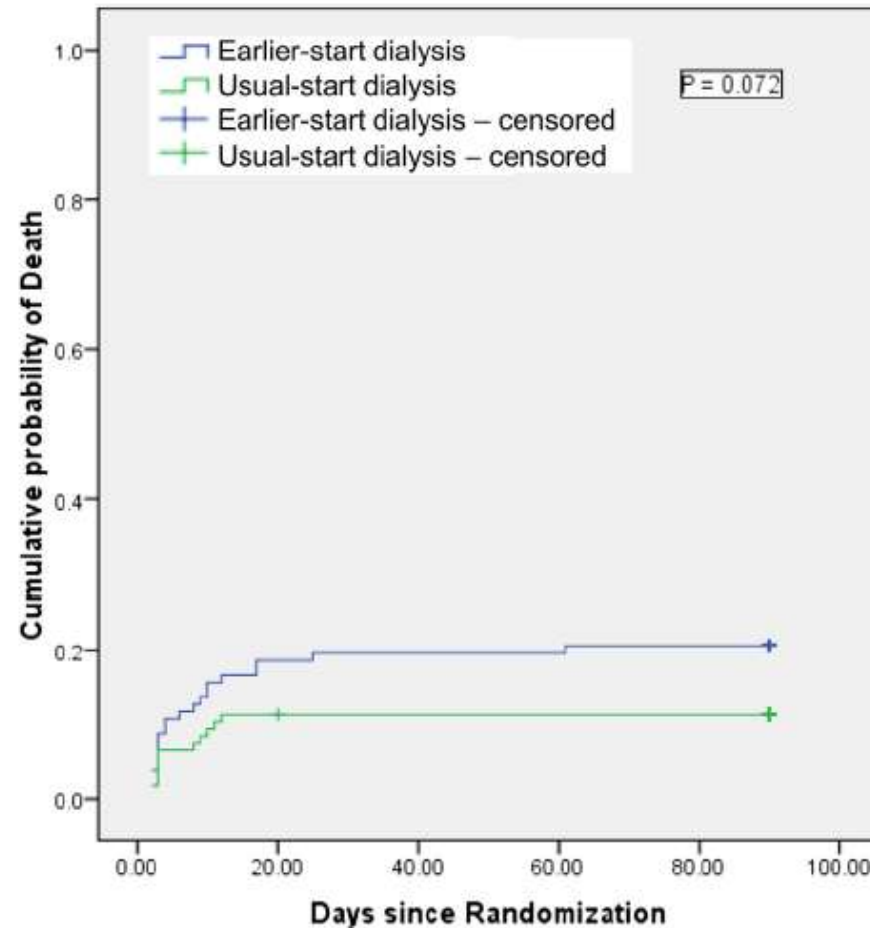
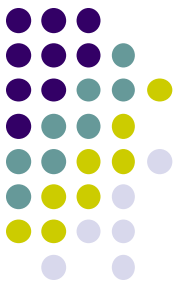
	Earlier-Start Dialysis	Usual-Start Dialysis	Difference ^a (95% CI)	P
SUN at dialysis initiation (mg/dL)	71.7 ± 21.7	100.9 ± 32.6	+29.2 (21.8 to 36.8)	0.01
Creatinine at dialysis initiation (mg/dL)	7.4 ± 5.3	10.4 ± 3.3	+3.0 (1.8 to 4.2)	<0.001
Duration of dialysis support (d)	7.13 ± 8.58	5.30 ± 4.58	-1.8 (-3.71 to 0.05)	0.06
Recovered without dialysis	9 (8.4)	18 (16.9)	+0.08 (-0.008 to 0.17)	0.1
Indication for dialysis				
Protocol earlier start	85 (83.3)	—		
Uremic symptoms	3 (2.9)	61 (57.5)	+0.55 (0.44 to 0.64)	<0.001
Metabolic acidosis	3 (2.9)	—		
Need for transfusions	2 (1.9)	4 (3.7)	+0.01 (-0.03 to 0.07)	0.7
Hyperkalemia	1 (0.9)	7 (6.6)	+0.05 (0.002 to 0.12)	0.001
Volume overload	1 (0.9)	14 (13.2)	+0.12 (0.05 to 0.2)	0.001

Note: Values for categorical variables are given as number (percentage); values for continuous variables are given as mean ± standard deviation.

Abbreviations: CI, confidence interval; SUN, serum urea nitrogen.

^aMean or proportion difference; usual-start value less earlier-start value.

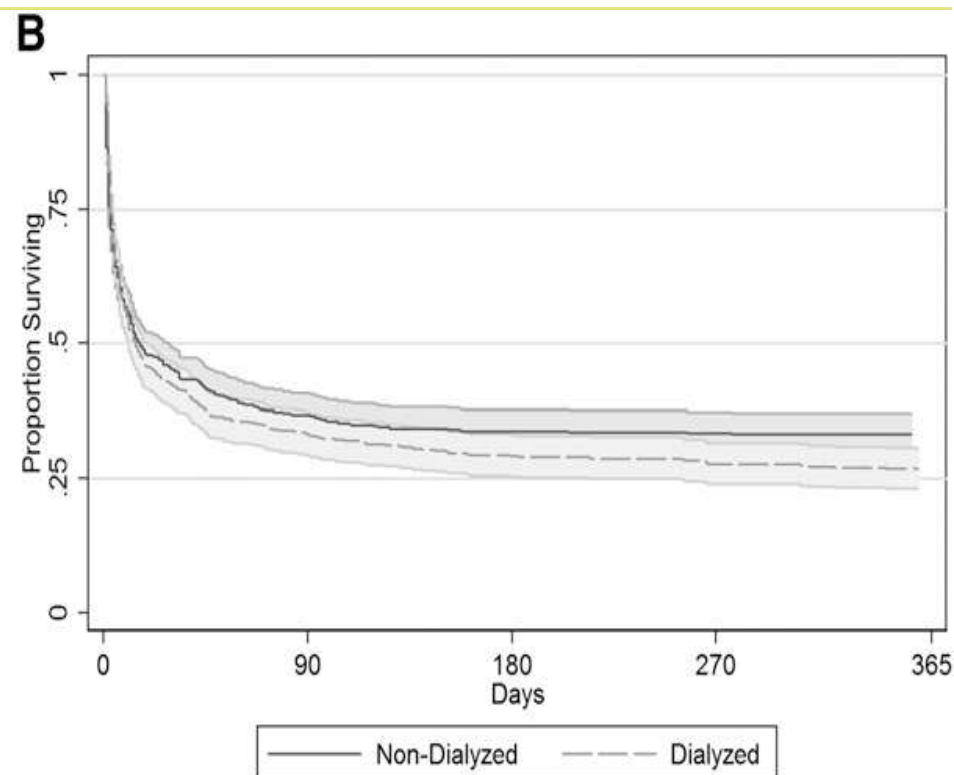
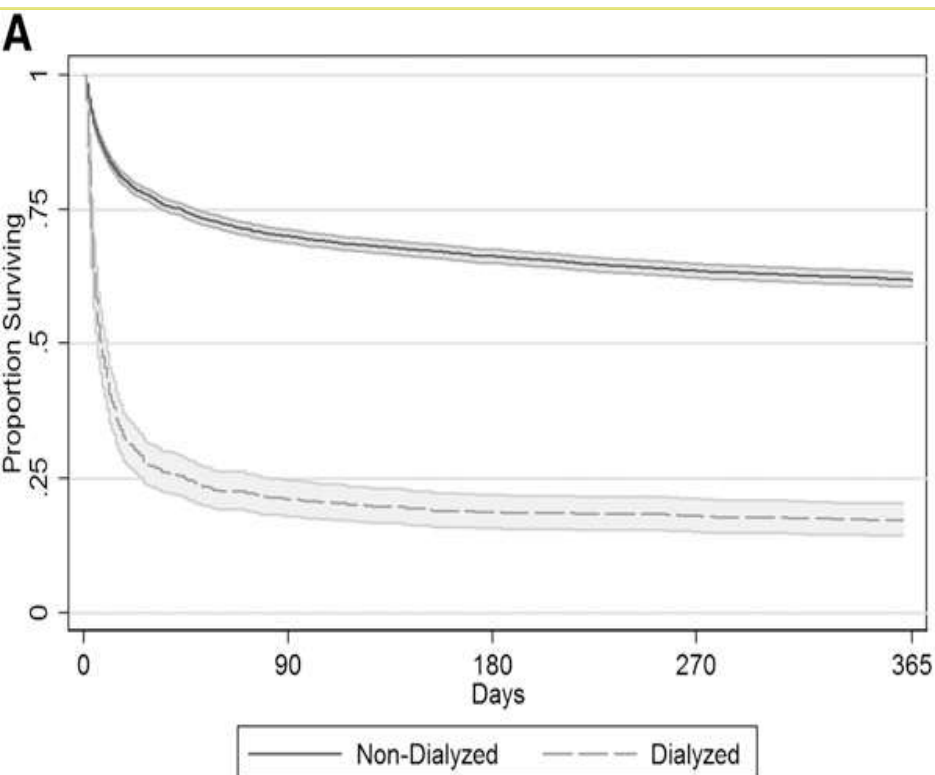
Early or Late Dialysis in AKI?



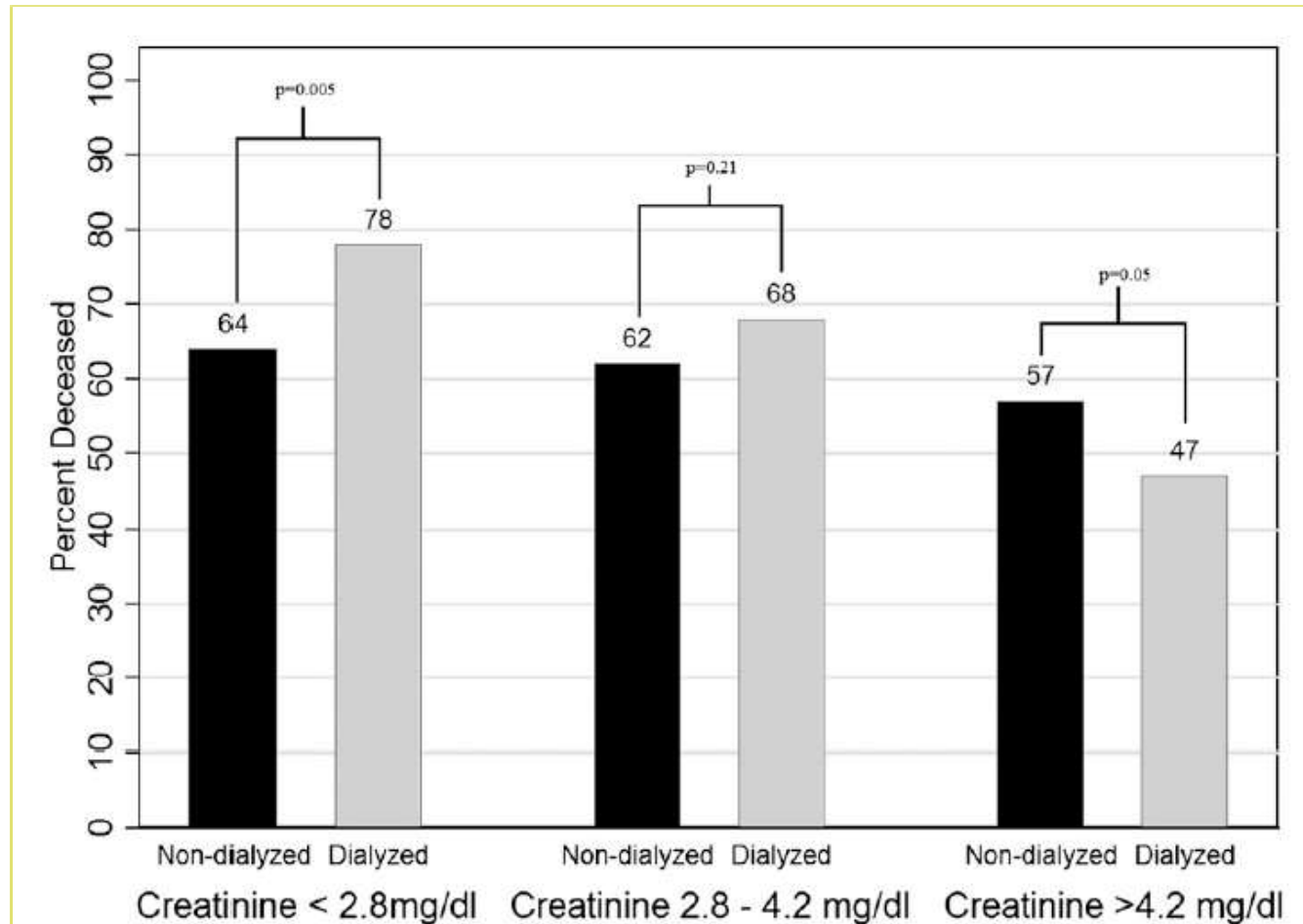


Article

Clin J Am Soc Nephrol 9: 673–681, April 2014.



High or low Creatinine at The Start of Dialysis for AKI: Which is superior?



5.1.2: Consider the broader clinical context, the presence of conditions that can be modified with RRT, and trends of laboratory tests—rather than single BUN and creatinine thresholds alone—when making the decision to start RRT. *(Not Graded)*

Section 5: Dialysis Interventions for Treatment of AKI

Kidney International Supplements (2012) **2**, 89–115; doi:10.1038/kisup.2011.35

5.1.1: Initiate RRT emergently when life-threatening changes in fluid, electrolyte, and acid-base balance exist. *(Not Graded)*

Wednesday 5th of March

14:30-17:00

CME - Third session

Lecture Hall

Moderators (In Alphabetic order):

www.esnt2014.com

Prof. Hussein Sheashaa

14:50-15:10

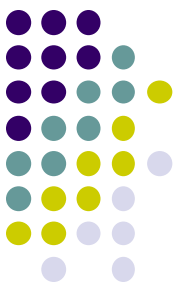
When to start dialysis: Early or late?

Tarek Tantawy

Mahala



What is the Impact of Thyroid Dysfunction on The Following Transporters?



Na^+ - K^+ ATPase
 H^+ -ATPase

SCIENCE IN RENAL MEDICINE

www.jasn.org

The Renal Manifestations of Thyroid Disease

Laura H. Mariani and Jeffrey S. Berns

Renal, Electrolyte, and Hypertension Division, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, Pennsylvania

Na^+ - Ca^{2+} exchanger
 Cl^- channel
AQP 1 and 2

Thyroid and Kidney



Hypothyroidism

- Increased serum creatinine
- Decreased GFR
- Decreased RBF
- Decreased Na reabsorption
- Decreased renal ability to dilute urine
- Hyponatremia

Hyperthyroidism

- Decreased serum creatinine
- Increased GFR
- Increased RBF
- Increased Na reabsorption
- Resistance to rh Epo action

Effect of Drugs

Immunological

Thyroid and Kidney



Editorial

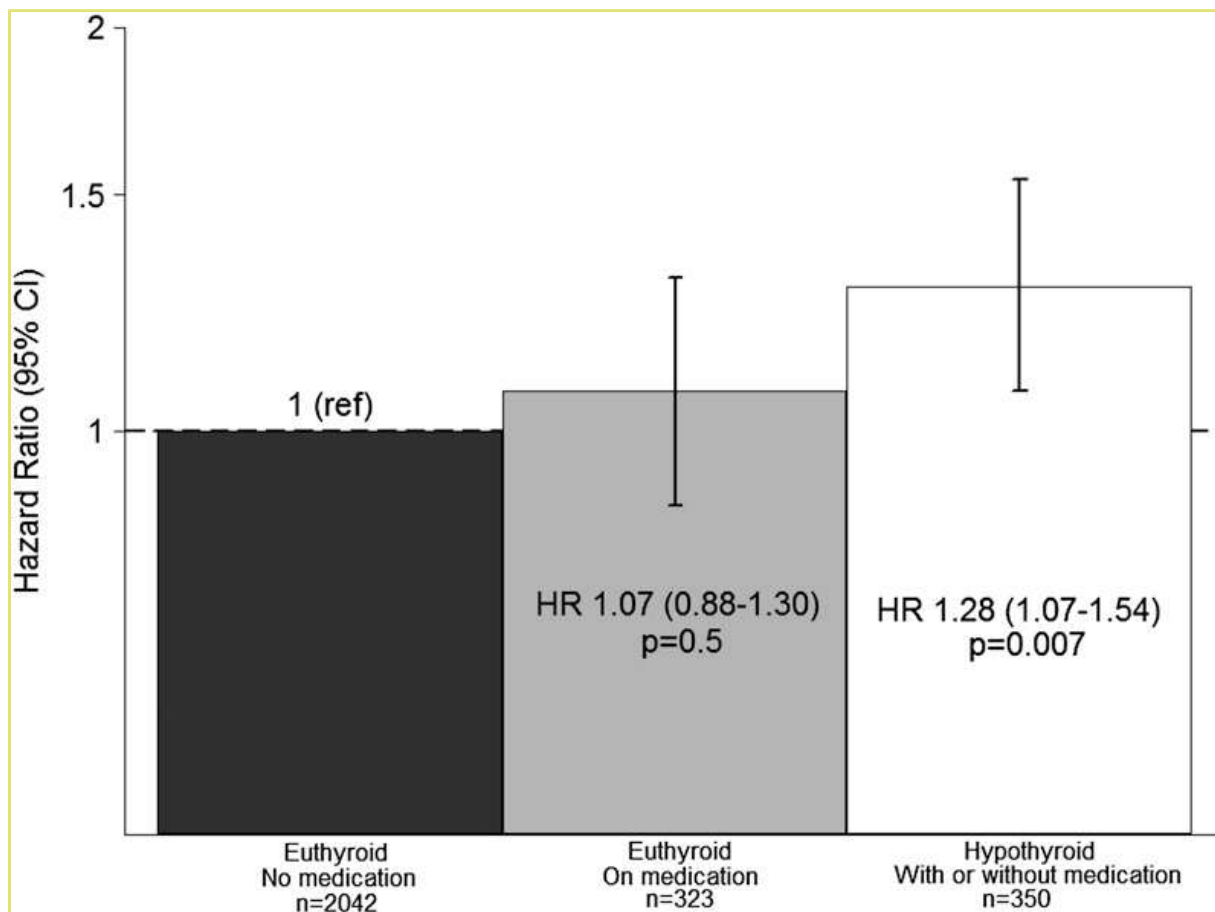
Thyroid Function and Clinical Outcomes in Kidney Failure

Carmine Zoccali and Francesca Mallamaci

Clin J Am Soc Nephrol 7: 12–14, 2012.

Cardiovascular Disease, Mortality, and Low T3 in Kidney Failure

Thyroid and Kidney



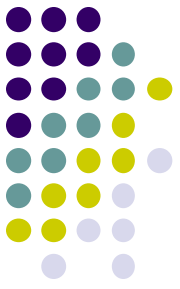
Case Scenario



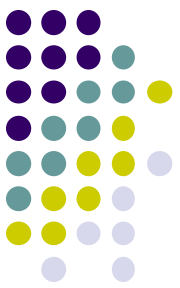
- A 64-year-old woman with end-stage renal disease and retinopathy secondary to type 2 diabetes mellitus presented with recurrent episodes of left ocular pain and acute loss of visual acuity during hemodialysis.

What is your differential diagnosis?

How to Manage?



- **Several local and systemic antiglaucoma drugs were administered without improvement of intraocular pressure, resulting in the necessity of a glaucoma drainage device (Ahmed valve).**
- **Due to a local infection, it had to be removed, after which intraocular pressure elevations recurred during hemodialysis.**



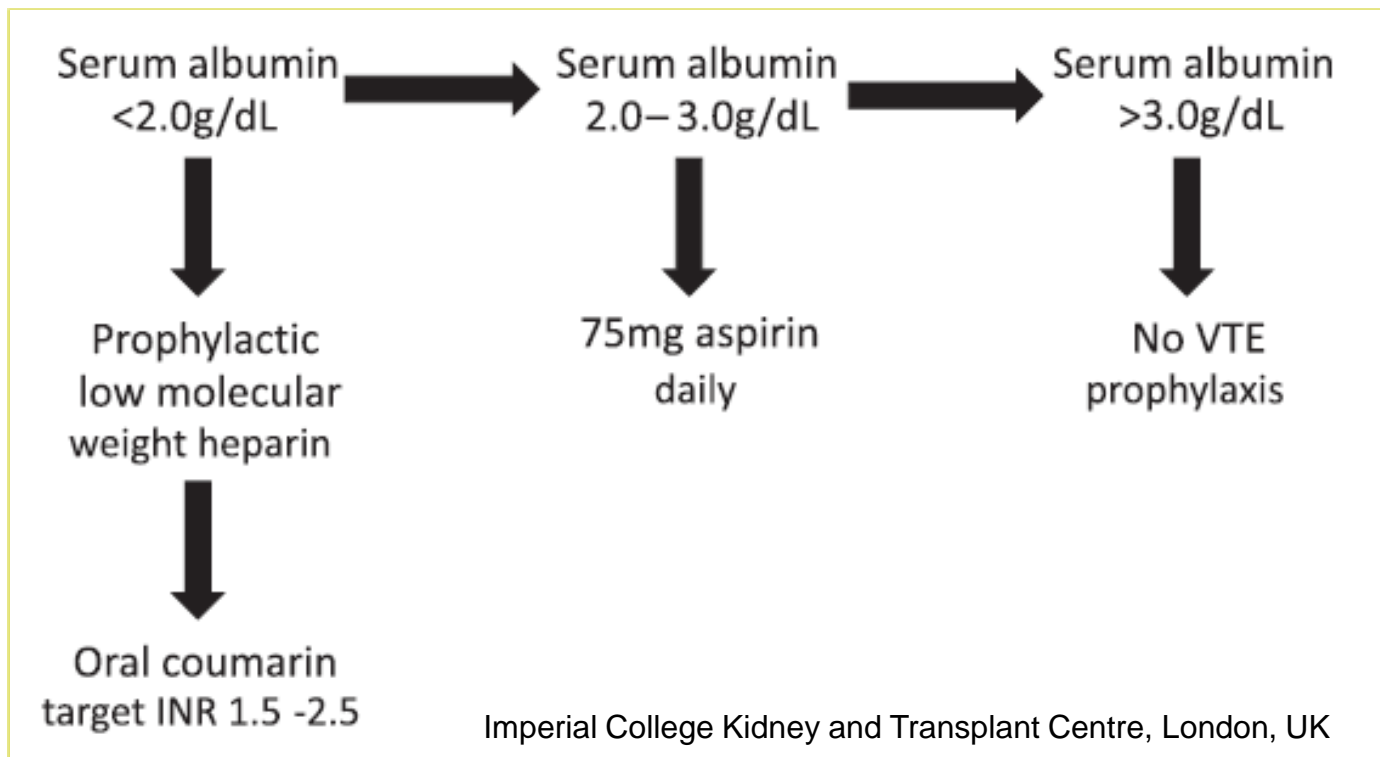
Management of Intraocular Hypertension During Hemodialysis by Intravenous Glucose Administration

*Turgay Saritas, MD,¹ Antonis Koutsonas, MD,² Peter Walter, MD,² Jürgen Floege, MD,¹
and Thilo Krüger, MD¹*

A 64-year-old woman with end-stage renal disease and retinopathy secondary to type 2 diabetes mellitus presented with recurrent episodes of left ocular pain and acute loss of visual acuity during hemodialysis. During these episodes, markedly elevated intraocular pressures were measured. Several local and systemic antiglaucoma drugs were administered without improvement of intraocular pressure, resulting in the necessity of a glaucoma drainage device (Ahmed valve). Due to a local infection, it had to be removed, after which intraocular pressure elevations recurred during hemodialysis. Assuming that intraocular changes in osmolality during hemodialysis caused the intraocular pressure increases, intradialytic administration of a 20% glucose solution (100 mL/h) was initiated. This completely abrogated the development of both intraocular pain and increases in intraocular pressure.

Retrospective Analysis of a Novel Regimen for the Prevention of Venous Thromboembolism in Nephrotic Syndrome

Nicholas Medjeral-Thomas, Stela Ziaj, Marie Condon, Jack Galliford, Jeremy Levy, Tom Cairns, and Megan Griffith

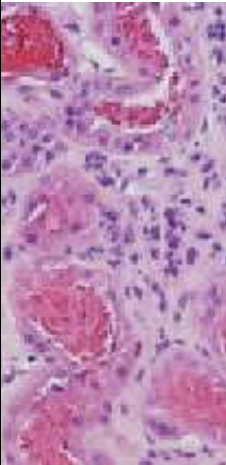
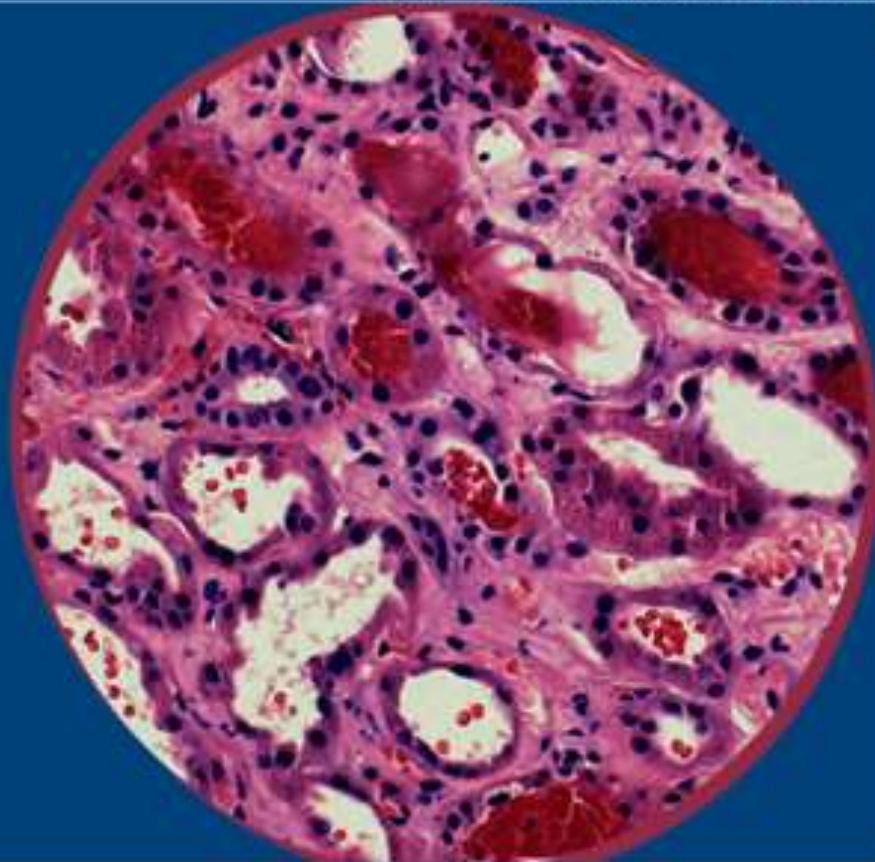
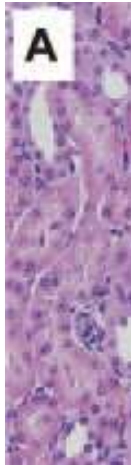
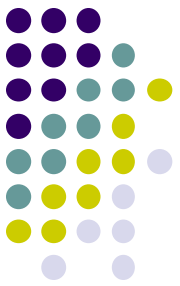


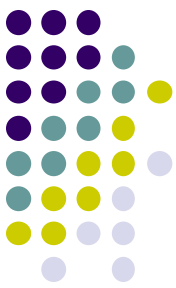
Clin J Am Soc Nephrol 9: 478–483, March 7th, 2014.

CJASN

Clinical Journal of the American Society of Nephrology

June 2012 • Volume 7, No. 6 • www.cjasn.org





ASN In The Loop



ASN
LEADING THE FIGHT
AGAINST KIDNEY DISEASE

In Affiliation With **BulletinHealthcare**

Customized Briefing for Hussein Sheashaa MD

Wednesday, April 16, 2014

Doctors Practice Surgery on 3D-Printed Kidneys before Treating Patients

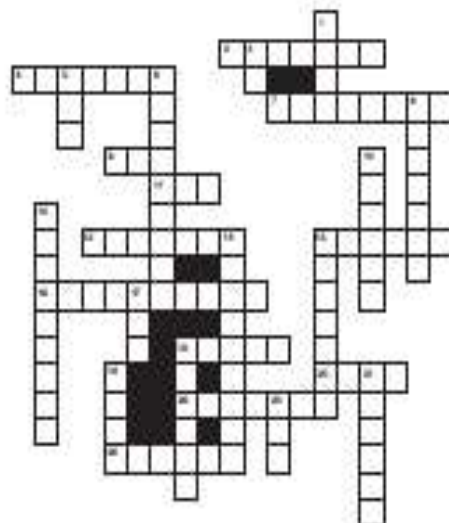
Surgeons are using printed transparent 3D models of kidneys from patients with kidney cancer to simulate surgery before doing it for real. By first practicing on a 3D-printed kidney, surgeons were able to remove less renal tissue and reduce blood supply interruption, in one case to just 8 minutes compared with a normal average time of 22 minutes. The findings, presented at the European Association of Urology congress and highlighted in a [press release](#), suggest 3D printing has the potential to become an important surgical training tool.

Nephrology Crossword: Natremias

Kellie Calderon¹, Tamara H. Naber¹ and Kenar D. Jhaveri¹

¹North Shore-LIJ and Jewish Medical Center, Division of Kidney Diseases and Hypertension, Department of Internal Medicine, Hofstra Medical School, Great Neck, New York, USA

Correspondence: Kenar D. Jhaveri, North Shore-LIJ and Jewish Medical Center, Division of Kidney Diseases and Hypertension, Department of Internal Medicine, Hofstra Medical School, Great Neck, NY 11021, USA. E-mail: kjhaveri@nshs.edu or kjd201@gmail.com



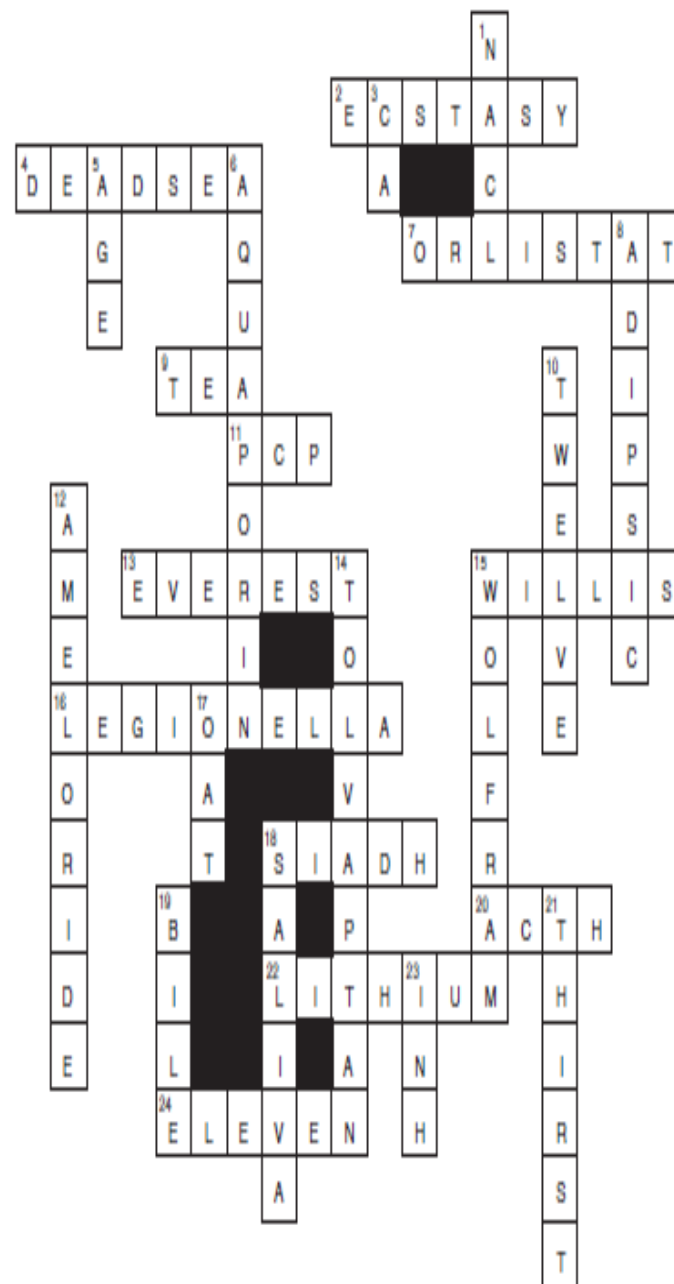
ACROSS

1. Mild hyponatremia is a slight shift
2. It is difficult to define (in this body of text) which contains 140 mg of NaCl
3. This weight loss drug can cause osmotic diuresis (DZ)
4. Mild hyponatremia is a form of low sodium (_____) and usually does
5. A symptomatic hyponatremia is one (SEV) patient that can lead to neurological symptoms (dZ)
6. This osmotic diuresis does not lead to the treatment of patients with hyponatremia (dZ)
7. It is not differentiated from sodium to 140 by this individual
8. The symptoms that cause a mild hyponatremia, dizziness, and a severe sodium of 120 mg/L
9. Psychotropic drugs can cause this
10. A _____ producing tumor of the lung promotes with severe hyponatremia and dizziness, which develops in patients with hyponatremia and hyponatremia
11. Initially developed to treat acute hyponatremia, this drug is used to treat the acute hyponatremia in several sodium channels, particularly for sodium hyponatremia in the parietal tubule (DZ) and for epithelial channel of the parietal collecting tubule (DZ)
12. A form of sodium of the substance that was first discovered by the Hungarian drug in 1900

DOWN

1. Using 1% of this and small the hyponatremia patient to help
2. High amounts of this in the urine may indicate with a ADP (DZ) and lead to loss of free water and DZ
3. This factor for hyponatremia
4. An osmotic diuresis (DZ) leads to this hyponatremia can lead
5. A young female with osmotic diuresis presents with 140 mg of NaCl in serum, osmolarity of 300 mOsm/L, and urine osmolarity of 700 mOsm/L. She also has _____ hyponatremia
6. A healthy 20-year-old female has a constant diuretic effect, which is osmotic diuresis. If her daily sodium excretion is 100 mOsm/L, how much would she drink before she becomes hyponatremic (in L/day)?
7. Hyponatremia and low sodium levels with hyponatremia is not a danger (dZ)
8. The agent used to treat patients with hyponatremia is not a danger (dZ)
9. The agent used to treat patients with hyponatremia is not a danger (dZ)
10. _____ disease or central DZ, optic atrophy, dizziness, and low serum sodium levels
11. _____ and the brain does not use the syndrome of hyponatremia (DZ) or hyponatremia (DZ) but _____ and cause
12. Sodium that has the lowest sodium concentration
13. Sodium that has the highest sodium concentration
14. Each of the symptoms can lead to severe hyponatremia
15. A 40-year-old male with DZ, now being treated for hyponatremia (DZ) 140 mg/L. As a 1% and sodium excretion, this with 1% drug leads to osmotic diuresis

Nephrology Crossword Answers: Natremias





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LEASH YOUR



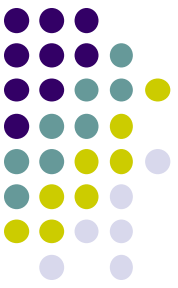
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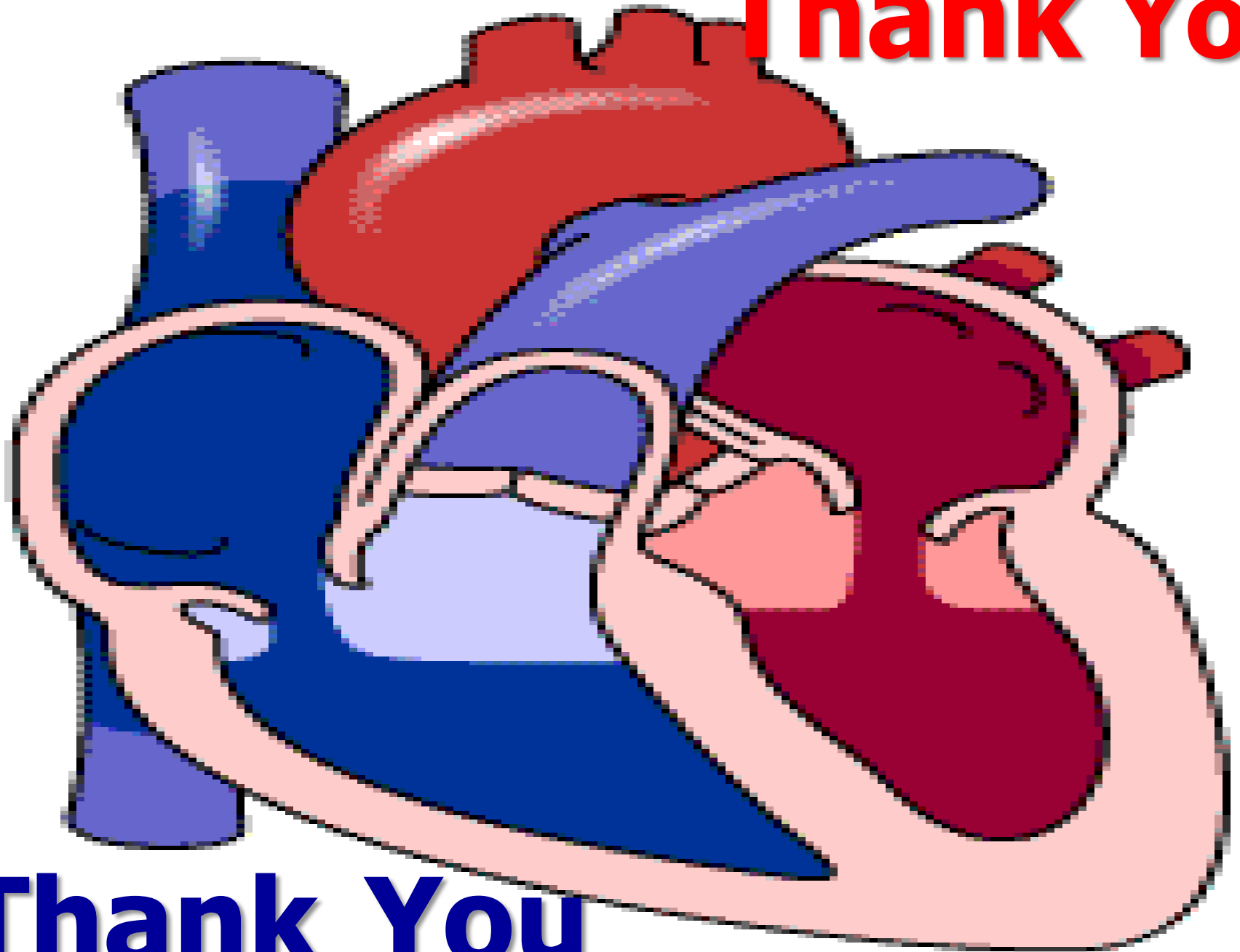


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يا من علمكم لواء العلم والدرج
مع لبيبا النصر قد جئنا نصافحكم
مذ أبلج الحقه غام الزيف واهجبا
وه الكفانة حيث الله تحرك
مع كل سودا في الأفعير واقتربا
فلترنا العيسه في أمن يجلل
وليصدق الفضل في أربابك طربا

و. محمد بن عبد الله

26-12-2013 / المنصورة

Thank You



Thank You